

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15141

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. 492 | |
| 1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, write RURAL and give town) Springfield c. LENGTH OF STAY (In this place) 10 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 2020 West Elm | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 2020 West Elm | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) S. c. (Last) BRENNECKE | | 4. DATE OF DEATH (Month) June (Day) 4 (Year) 1955 | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 26, 1882 | | 9. AGE (In years last birthday) 72 | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Construction | | 11. BIRTHPLACE (City and State or Foreign Country) Gordonville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Brennecke | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Elizabeth Brennecke | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 491-12-1254 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elizabeth Brennecke, Springfield, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (b) Anteroseptal Heart Disease (c) 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 8-2-1954 to 6-4-1955, that I last saw the deceased alive on 6-4-1955, and that death occurred at 4:55 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Paul Q. Morten | | (Degree or title) M.D. | | 23b. ADDRESS 1631 N. Jefferson | | 23c. DATE SIGNED 6-6-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 6, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | | 24d. LOCATION (City, town, or county) (State) West Plains, Missouri | |
| DATE REC'D BY LOCAL REG. 6-6-55 | | REGISTRAR'S SIGNATURE Edith Williamson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Lohmeyer, Springfield, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

JUN 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bernard F. Wright*

Licensed Embalmer No... *42*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.